

Office of the City Treasurer - Collection Division
APPLICATION for PAYMENT ARRANGEMENTS

Collection ID No. _____

Date Stamp when received

Personal Information

Full Name	Date of Birth	Social Security No.
Street Address	Home Telephone No.	Drivers License No.
City, State, Zip	How long at this address?	
Employer Name	Work Telephone No.	Occupation
Employer Street Address	Employed How Long?	Gross Monthly Salary
Employer City, State, Zip	Dates Paid	

Spouse's Full Name	Spouse's Date of Birth	Spouse's Social Security No.
Spouse's Street Address	Spouse's Home Telephone No.	Spouse's Drivers License No.
Spouse's City, State, Zip	How long at this address?	
Spouse's Employer Name	Spouse's Work Telephone No.	Spouse's Occupation
Spouse's Employer Street Address	Spouse Employed How Long?	Spouse's Gross Monthly Salary
Spouse's Employer City, State, Zip	Spouse's Dates Paid	

Describe any other sources of income you or your spouse receive
If you have any dependants, list their ages and your relationship

Landlord or Mortgage Holders Name	Are you a Homeowner or do you Rent?
Landlords or Mortgage Holders Street Address	Amount of monthly rent or mortgage payment?
Landlords or Mortgage Holders City, State, Zip	Telephone No.

Bank Information

Bank Name and Address	Account Type	Account No.	Account Balance
Bank Name and Address	Account Type	Account No.	Account Balance
Bank Name and Address	Account Type	Account No.	Account Balance

Contact Information

Name of a friend or relative not living with you	Telephone No.	Relationship
Street Address		
City, State, Zip		

Monthly Obligations

Rent or Mortgage	Balance Owed	Monthly Payment
Food		
Transportation		
Medical		
Other <i>(describe)</i>		
Other <i>(describe)</i>		
Other <i>(describe)</i>		
Total		

<p>Describe the payment terms you are requesting</p>
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<p>I understand that if my request for payments is approved and I make my payments as agreed my account(s) will still be reported to the State of California Franchise Tax Board for offset against any State income tax return or lottery winnings you may receive. In addition, I understand that vehicles with unpaid parking citations on active payment plans, are still eligible for impound.</p> <p>I certify under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct.</p> <p>Signed _____ Date _____</p>
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Return to: **City of San Diego**
 P O Box 129039
 San Diego CA 92112-9039
 Fax No. (619)533-3840